



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E476280**

1 4 0 27

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-2632		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	GUARDRAIL

TRIBAL RESERVATION	
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DATE OF COLLISION	10 - 24 - 2015	TIME (2400)	0312	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/> 0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>		
SR 92	BLOCK NO. <input checked="" type="checkbox"/>	9900	MILE POST	

DISTANCE		MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	99TH AVE NE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4252934775
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LAST NAME	BENNETT	FIRST NAME	MICHAEL	MIDDLE INITIAL	H
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STREET NEW ADDRESS	1125 ORCHARD AVE
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CITY	SNOHOMISH	ST	WA	ZIP	982902237
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CDL	RESTRICTIONS	J	ENDORSEMENTS	
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DRIVER'S LICENSE #	BENNEH054RS	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	12	-	10	-	1995
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	B54875U	STATE	WA	VIN#	2GTEK19T521240901
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2002	MAKE	GMC	MODEL	K1PU	STYLE	4C	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. CAROLYN BENNETT 203 BALL ST SEDRO WOOLLEY WA 98284

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 902856473	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	DEPART OF	FIRST NAME	TRANSPORTATION	MIDDLE INITIAL	
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STREET NEW ADDRESS	15700 DAYTON AVE NORTH
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CITY	SHORELINE	ST	WA	ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		-		-	
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	C. WELLS #131	BADGE OR ID #	131	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E476280**

CASE # **15-2632**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit #1 BENNETT was traveling west bound on SR 92 approaching the round-a-bout at the intersection of SR 92/99th Ave NE. He claims he was traveling at 55 M.P.H. when he received a text on his cell phone. He told me he looked down at the cell phone and when he looked back up he was entering the round-a-bout at 55. He slammed on the brakes on and began skidding. BENNETT entered the intersection, struck the round about, momentarily became airborne and landed on the opposite side of the round-a-bout. He continued across the roadway and crashed into the guard rail. BENNETT's vehicle came to rest on top of the guard rail.

BENNETT was not injured. His vehicle was towed by Rescue Towing at his request.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-29-15 10:13 PM

DATED

PLACE SIGNED

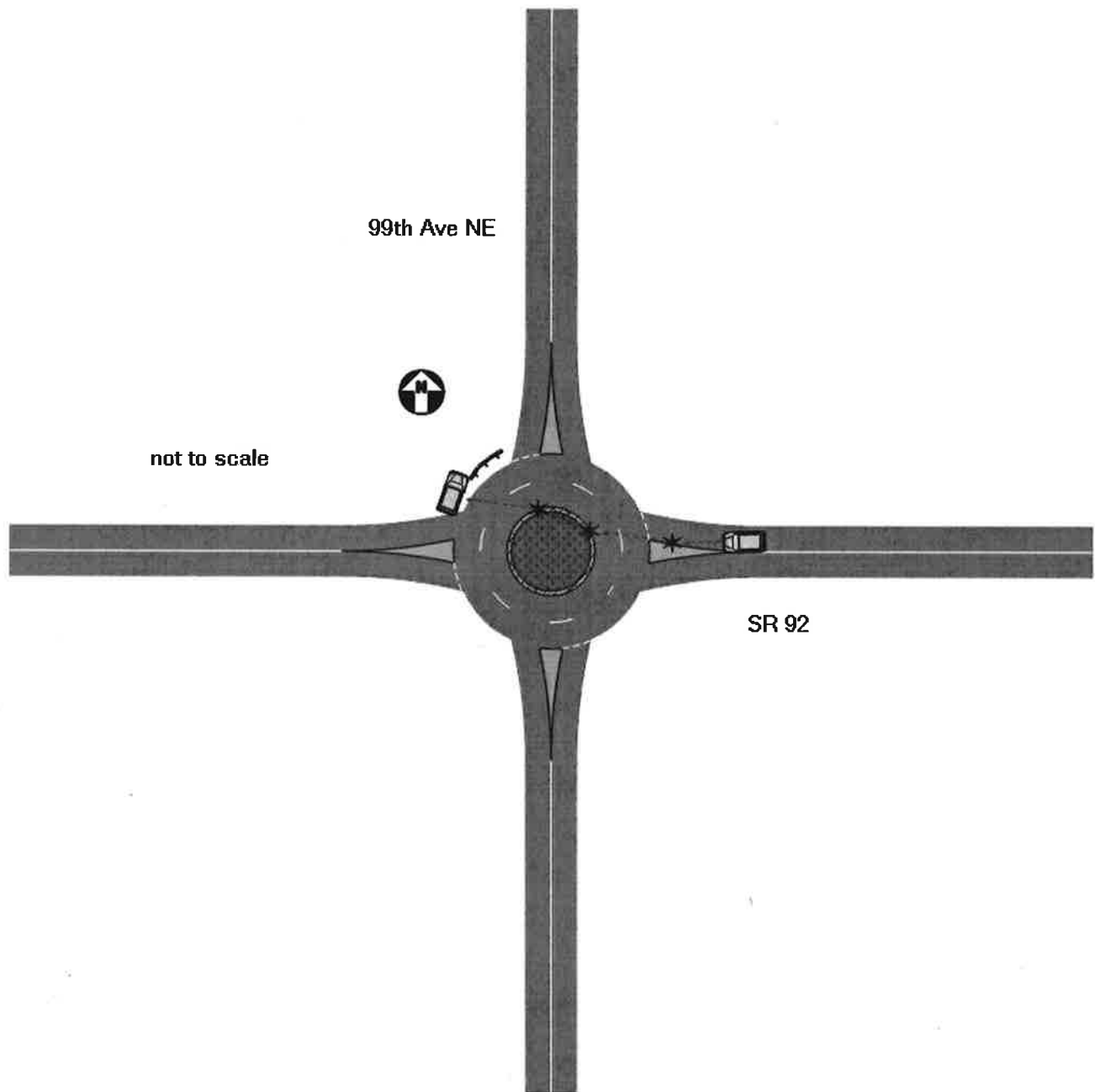
APPROVED BY

ROBERT MINER 0095

DATE

10/30/2015 12:08:34 AM

BADGE OR ID #	131	ORI #	WA0311900	TIME POLICE DISPATCHED	3:13 AM	TIME POLICE ARRIVED	3:17 AM
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IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF **LAKE STEVENS VIOLATION BUREAU** ☒ CITY/TOWN OF **LAKE STEVENS** PLAINTIFF VS. NAMED DEFENDANT

STATE OF WASHINGTON COUNTY OF **THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON**

DRIVER'S LICENSE NO. **BENNEEMH054RS** STATE/EXPIRES **WA 12-10-16** PHOTO ID MATCHED ☒ YES ☐ NO NAME: LAST **BENNETT** FIRST **MICHAEL** MIDDLE **HAYDEN** SFX ☐ YES ☒ NO

ADDRESS **1125 ORCHARD AVE** IF NEW ADDRESS ☐ PASSENGER ☐ CITY **SNOHOMISH** STATE **WA** ZIP CODE **982902237**

EMPLOYER **1125 ORCHARD AVE** EMP LOCATION **SNOHOMISH**

DATE OF BIRTH **12-10-95** RACE **W** SEX **M** HEIGHT **6'04"** WEIGHT **370** EYES **BLU** HAIR **BLN** RESIDENTIAL PHONE NO. **(425)293-4775** CELL/PAGER PHONE NO. WORK PHONE NO.

VIOLATION DATE **10/24/2015 04:25** INTERPRETER NEEDED ☐ AT LOCATION **SR 92** REF. TRAFFICWAY **99TH AVE NE** M.P. **9900** CITY/COUNTY OF **LAKE STEVENS/SNOHOMISH**

VEH LIC NO **B54875U** STATE **WA** EXPIRES **06-18-15** VEH YR **2002** MAKE **GMC** MODEL **K1PU** STYLE **4 DOOR EXT CAB PK** COLOR **GRAY**

TR #1 LIC NO STATE EXPIRES TR YR TR #2 LIC NO STATE EXPIRES TR YR

OWNER/COMPANY IF OTHER THAN DRIVER CITY STATE ZIP CODE

ACCIDENT **NO INJURY** COMMERCIAL ☐ YES ☒ NO 16+ ☐ YES ☒ NO HAZMAT ☐ YES ☒ NO EXEMPT ☐ FIRE ☐ LEA ☐

VEH SPEED IN A ZONE SMD PACE AIRCRAFT DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE **46.30.020** OP MOT VEH W/OUT INSURANCE PENALTY \$ **550.00**

2. VIOLATION/STATUTE CODE **46.61.668.1A** TEXT MESSAGING WHILE DRIVING PENALTY \$

3. VIOLATION/STATUTE CODE PENALTY \$

4. VIOLATION/STATUTE CODE PENALTY \$

5. VIOLATION/STATUTE CODE PENALTY \$

RELATED # DATE ISSUED **10-24-15** TOTAL PENALTY \$ **686.00**

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSES, AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER **C. WELLS #131** # **131** OFFICER

☒ TICKET SERVED ON VIOLATOR ☐ TICKET REFERRED TO PROSECUTOR

☐ TICKET SENT TO COURT FOR MALING

NOTICE OF INFRACITION
This is a non-criminal offense for which you cannot go to jail.
YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.
Your response must be postmarked by midnight of the day it is due at the court.
If you do not respond or appear for court hearings:

TRAFFIC
The court will find that you committed the infraction.
You may lose your driver's license privilege.
Your penalty will be increased.

Failure to pay may result in a referral of your case to a collection agency.

NON-TRAFFIC
The court will find that you committed the infraction.
It is a crime and will be treated accordingly.
Your penalty may be increased.

Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:

Court contact information: **LAKE STEVENS VIOLATION BUREAU**
PO BOX 257
LAKE STEVENS WA 98258

Name: My mailing address is: **(PLEASE PRINT)**

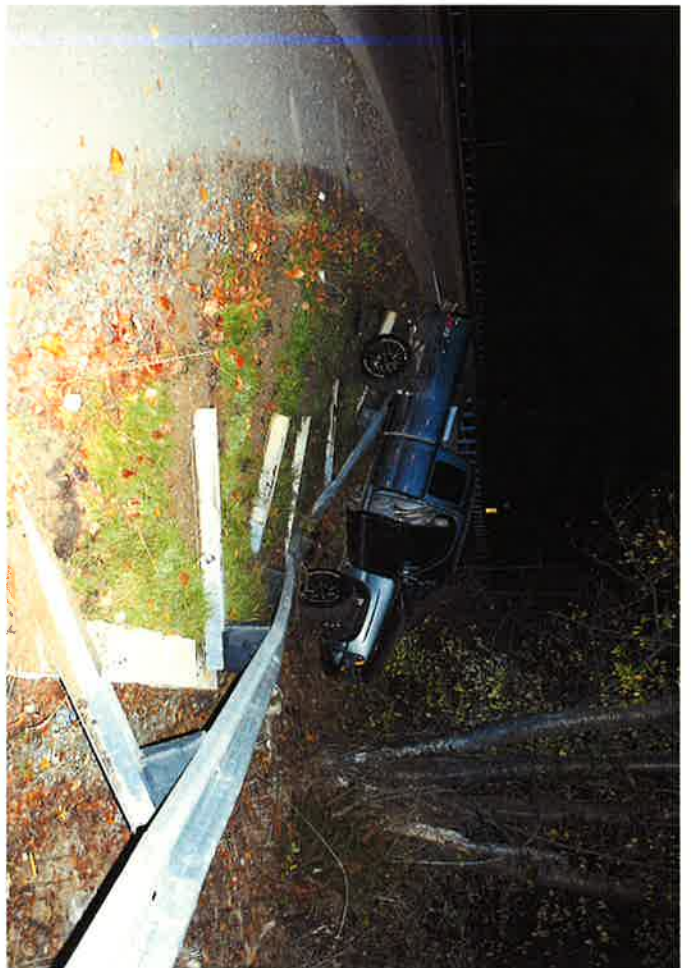
Street or PO Box City: State: Apt:

Telephone: Home: Work:

Is interpreter needed? Language:

X: (SIGNATURE) **520834176**

15-2632



15-2632



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15-2632

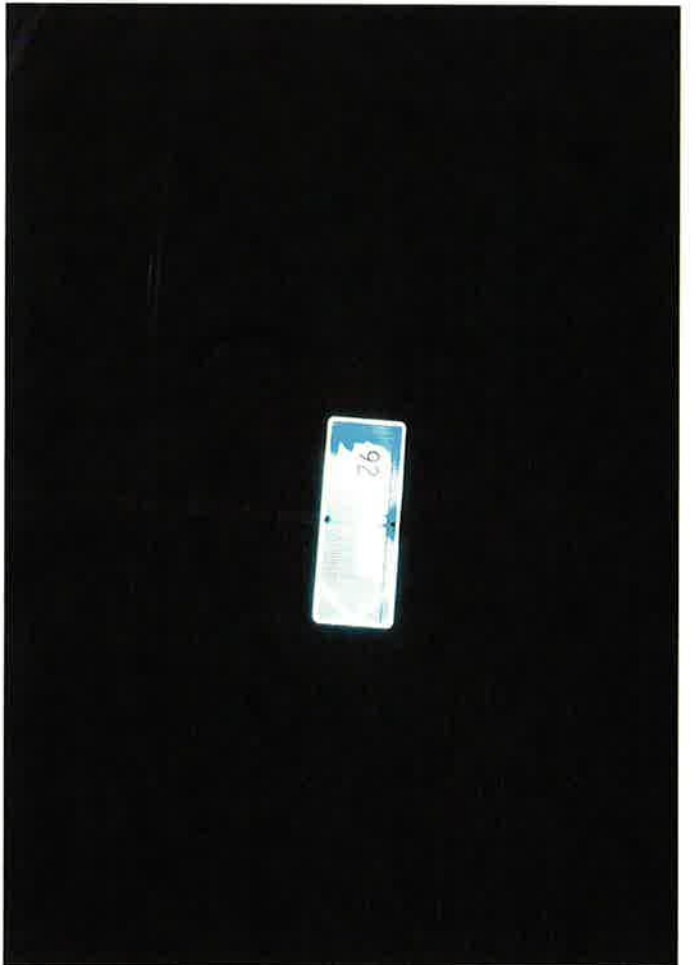


15-2032



15-2632

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15-2032



15.2032



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18-7632



LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>C. Wells #131</i>	Case Number <i>15-2632</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>Collision</i>	Date/Time: <i>0330 10/24/15</i>
Action Number: _____ *Evi will be held until court dispo or when the Statute of Limitations has expired 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING *Found and Sfgk will be held for 60 days or 60 days past owner notification		

Case # 15-2632

Item # <i>CW1</i>	Item <i>CD Pictures</i>	Brand Name	Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Owner's Name		Address	City	State
			Zip	Phone #
Barcode goes here				
Owner Signature/Other remarks /additional information/ special instructions <i>Wells/131</i>				

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Owner's Name		Address	City	State
			Zip	Phone #
Barcode goes here				
Owner Signature/Other remarks /additional information/ special instructions				

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Owner's Name		Address	City	State
			Zip	Phone #
Barcode goes here				
Owner Signature/Other remarks /additional information/ special instructions				

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Owner's Name		Address	City	State
			Zip	Phone #
Barcode goes here				
Owner Signature/Other remarks /additional information/ special instructions				

Item #	Item	Brand Name	Storage Location	Disposition
Action #	Brand/Model/Caliber (Further Description)			
	Serial #	Where Found		
Owner's Name		Address	City	State
			Zip	Phone #
Barcode goes here				
Owner Signature/Other remarks /additional information/ special instructions				

Evidence Control Use Only:				
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File